



PATIENT

Marley Morgan

PRESENTING CLINICAL SIGNS

uncontrolled diabetes, pancreatitis high liver values, liver failure

SPECIES

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** revealed calculi, a grouping of which measured 2.0 cm.

BREED

Maltese

The **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some age-related loss of curvilinear patterns regarding the capsule and C/M junction. The cortices presented largely uniform texture with some increased echogenicity expected for his age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. The right kidney measured 5.1 cm.

SEX

Neutered Male

Adrenal Glands

Both **adrenal glands** were visualized and recognized as having largely normal shape, size, position and acceptable echogenicity for this age group and breed. Some heterogeneity was noted within the adrenal parenchyma without concerning capsular distortion. These changes are likely age related but should be monitored by sonogram should the patient be suspected of having adrenal disease. The right adrenal gland measured 1.8 cm x 0.91 cm at the cranial pole and 0.73 cm at the caudal pole. The left adrenal gland measured 1.8 cm x 0.69 cm at the caudal pole and 0.64 cm at the cranial pole.

AGE

9 Months

WEIGHT

15 Pounds

Spleen

The **spleen** was normal size and relatively normal contour with multifocal hyperechoic areas of mineralization. This is a benign change; however, can be related to Cushing's disease or other endocrinopathies.

INTERPRETED BY

Eric Lindquist, DMV

Liver

The **liver** was uniformly swollen with minor, excessive gallbladder debris and over distension with dependent and suspended bile without evidence of overt mucocele formation. However, excessive sludge was present. The liver presented coarse architecture with mildly increased portal markings and subtle, mixed echogenic changes. This is consistent with vacuolar hepatopathy and some level of remodeling and history of inflammatory component. There was no overt suspicion of neoplasia.

DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Jenn

Gastrointestinal

Examination of the **gastrointestinal tract** revealed a stomach and intestine free of stasis, of normal wall thickness, acceptable curvilinear mural detail, and peristaltic activity. Small and large intestine demonstrated normal luminal chyme and stool consistency respectively. No obstructive or overt infiltrative disease was noted. No associated abnormal lymphatic activity was noted.

HOSPITAL NAME

Rockaway AH

REFERRING VET

Dr. Maniar

Pancreas

Minor heterogeneous parenchymal changes noted in the **pancreas**, suspicious for low-grade pancreatitis. Enhanced surrounding mesentery noted.

INVOICE

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ULTRASONOGRAPHIC FINDINGS

- Pancreatitis pattern
- Diabetic hepatopathy
- Age related renal changes
- Mild bilateral adrenal enlargement

DATE

1/21/22



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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Treatment for pancreatitis warranted. If urine specific gravity is persistently < 1.020, workup for PDH would be indicated. The hepatic changes are consistent with diabetic hepatopathy and history of inflammatory disease, yet changes were fairly minor.

Potential Causes of Diabetic Dysregulation

This is a suggestive checkoff list when faced with an unregulated diabetic patient:

UTI

Dietary indiscretion/intolerance

Pancreatitis

Hyperthyroidism/hypothyroidism

Exogenous steroids (including topical eye meds)

Cushing's

Acromegaly

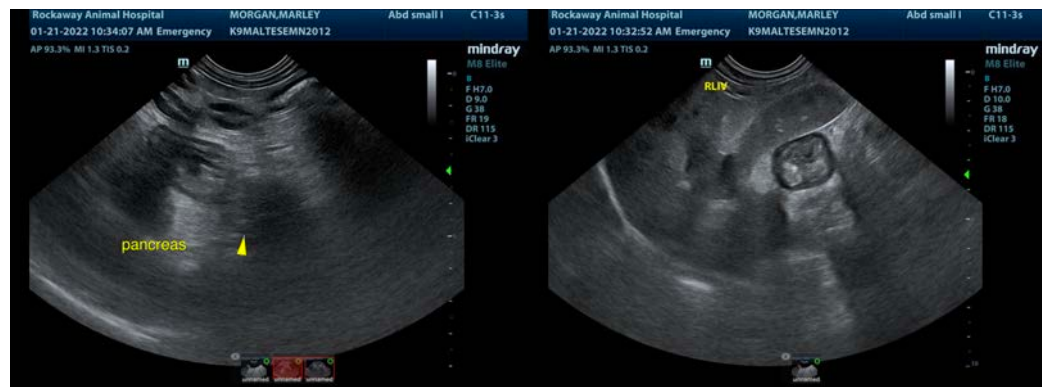
Owner compliance

Insulin quality issues

Antibodies to insulin

Underlying Neoplasia

Diffuse liver disease





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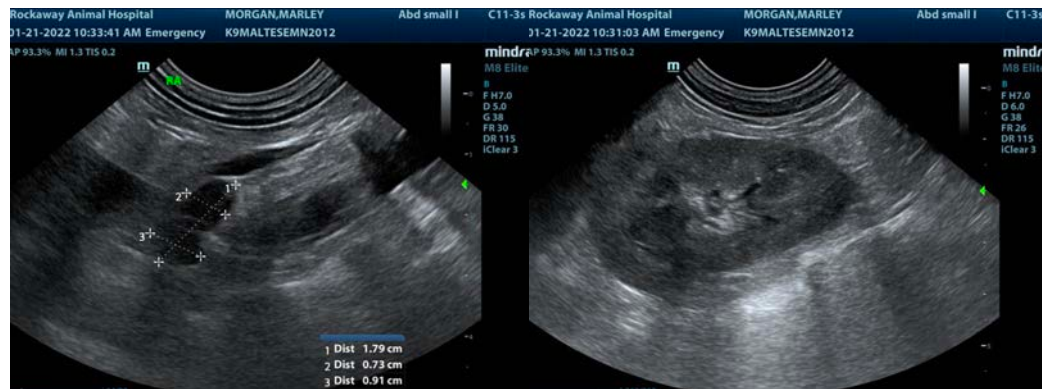
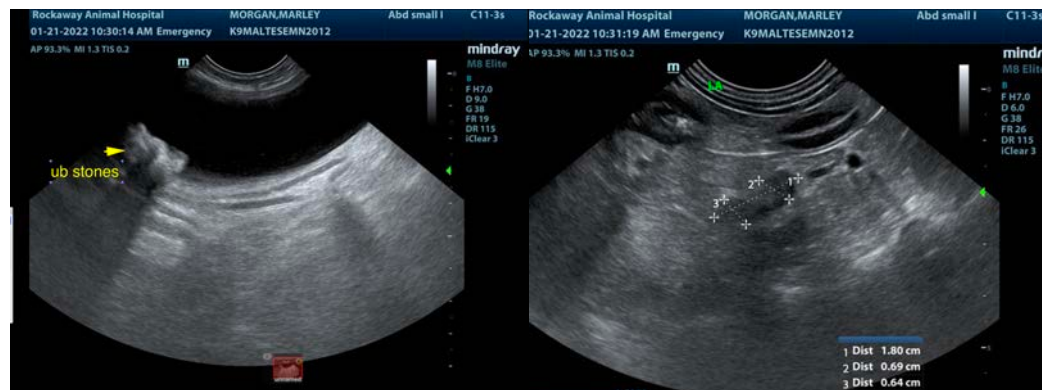
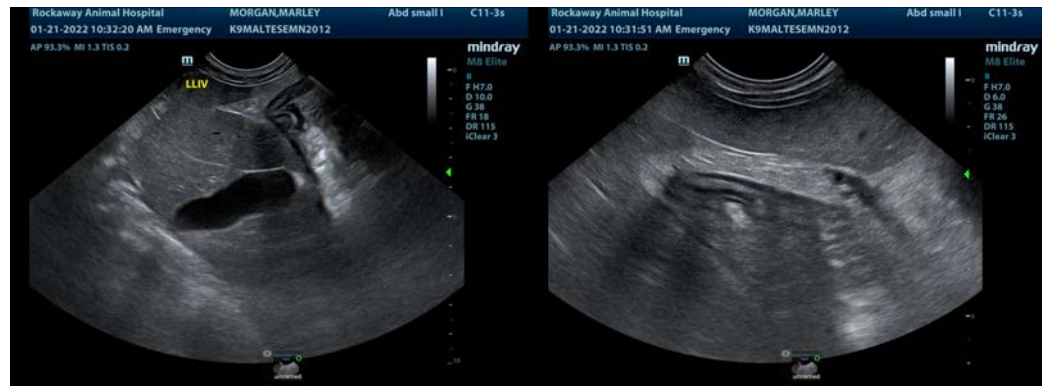
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I can be of any further assistance please contact me.

Eric Lindquist, DMV, DABVP, Cert. IVUSS, CEO of SonoPath.com
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